



Termination Form

Form must be completed entirely for all terminations including life only.

Please submit via secure email to Illinois School Insurance Network

mwil.isinadministration@marshmma.com

Employee Information	
District Name: <u>Chaney-Monge School Dist. 88</u>	Social Security #: <u> — —</u>
Employee Name: _____	Date of Birth: <u> / /</u>
Address: _____	Telephone #: <u> — —</u>
City, State, Zip: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Event Date: _____	<i>NOTE: Coverage will terminate at the end of the month in which the termination event occurs.</i>
Reason for Termination:	<input type="checkbox"/> Left Employment <input type="checkbox"/> Death <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Retirement <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Ineligible child <input type="checkbox"/> Eligible for Other Coverage <input type="checkbox"/> Other Describe: _____

List Individuals Terminating from Coverage (include employee if terming)

Name	Social Security #	Birth	Gender	Relationship
	— —	/ /		
	— —	/ /		
	— —	/ /		
	— —	/ /		
	— —	/ /		

Current Benefits - Terminate Coverage for:

Plan	Coverage	Plan	Notes
Medical Insurance BCBS of IL	<input type="checkbox"/> Single	<input type="checkbox"/> B03878 HMO BA Plan 1	
	<input type="checkbox"/> Empl +1	<input type="checkbox"/> B03881 HMO BA Plan 2	
	<input type="checkbox"/> Family	<input type="checkbox"/> B01776 HMO BA Plan 4	
		<input type="checkbox"/> 165604 PPO	
		<input type="checkbox"/> 165622 PPO	
		<input type="checkbox"/> 165602 HDHP	
		<input type="checkbox"/> No coverage	
Dental Insurance BCBS of IL	<input type="checkbox"/> Single	<input type="checkbox"/> 270728 DPPO 1000	
	<input type="checkbox"/> Empl +1	<input type="checkbox"/> No coverage	
	<input type="checkbox"/> Family		
Vision Insurance VSP	<input type="checkbox"/> Single	<input type="checkbox"/> 12019596 Vision Plan 175	
	<input type="checkbox"/> Empl +1	<input type="checkbox"/> No coverage	
	<input type="checkbox"/> Family		
Terminate Life Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed by: _____ Date: _____ / _____ / _____